

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/889252		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1								
2		1							
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TOTAL IND.	2	↓		↓		↓			
TOTAL DEP.	8	←		←		←			
TOTAL CLAIMS	10								
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TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS									
Barbara Campbell National Stage Processing (703) 305-3831									
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FORM PTO-1360 (REV. 3-78)									